

E-filing

550

**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**Name MALONE Terry

(Last)

(First)

(Initial)

Prisoner Number 1128681**FILED**Institutional Address 300 Bradford St

JUL 31 2007

Redwood City, CALIFORNIARICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**Terry Malone  
(Enter the full name of plaintiff in this action.)

vs.

Deputy HUDSONIn his Individual Capacity  
(Enter the full name of the defendant(s) in this action)

Case No.

(To be provided by the clerk of court)

**COMPLAINT UNDER THE  
CIVIL RIGHTS ACT,  
42 U.S.C §§ 1983**Demand for  
Jury Trial**[All questions on this complaint form must be answered in order for your action to proceed..]****I. Exhaustion of Administrative Remedies****[Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement \_\_\_\_\_

B. Is there a grievance procedure in this institution?

YES (X) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (X) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at

COMPLAINT

- 1 -

each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal

# 1128681

2. First formal level

3. Second formal level

4. Third formal level

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ( )

F. If you did not present your claim for review through the grievance procedure, explain why.

II. Parties

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

Terry Malone

300 Bradford Street Redwood City,  
California 94063

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

Deputy Hutor 300 Bradford Street  
Redwood City, California 94063

III. Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

willfully and maliciously  
ON 7-23-07 C/O HUTCHINSON refuse To  
Allow Terry Malone the proscribed  
Treatment, a Shower, Deputy Hutchinson  
Stated use the Sink in your Cell or  
the pod Sink. While acting Under  
Color of State Law.  
Plaintiff Now Suffers Irreparable  
Harm.

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

Wherefore Plaintiff request  
\$500 dollars, duress, compensatory  
Emotional Stress and Punitive damages.  
demand for Jury Trial

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I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Plaintiff's signature)

1 UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF CALIFORNIA

3 **INSTRUCTIONS FOR PRISONER'S  
IN FORMA PAUPERIS APPLICATION**

4 You must submit to the court a completed Prisoner's In Forma Pauperis Application if you  
5 are unable to pay the entire filing fee at the time you file your complaint or petition. Your application  
6 must include copies of the prisoner trust account statement showing transactions for the last six  
months and a certificate of funds in prisoner's account, signed by an authorized officer of the  
institution.

7 **A. Non-habeas Civil Actions**

8 The filing fee for any civil action other than a habeas is \$150.00. Even if you are granted  
9 leave to proceed in forma pauperis, you must still pay the full amount of the court's filing fee, but the  
fee will be paid in several installments. 28 U.S.C. § 1915.

10 You must pay an initial partial filing fee of 20 percent of the greater of (a) the average  
11 monthly deposits to your account for the 6-month period immediately before the complaint was filed  
or (b) the average monthly balance in your account for the 6-month period immediately before the  
12 complaint was filed. The court will use the information provided on the certificate of funds and the  
trust account statement to determine the filing fee immediately due and will send instructions to you  
and the prison trust account office for payment if in forma pauperis status is granted.

13 After the initial partial filing fee is paid, your prison's trust account office will forward to the  
14 court each month 20 percent of the most recent month's income to your prison trust account, to the  
15 extent the account balance exceeds ten dollars (\$10.00). Monthly payments will be required until  
the full filing fee is paid. If you have no funds over ten dollars (\$10.00) in your account, you will not  
be required to pay part of the filing fee that month.

16 If your application to proceed in forma pauperis is granted, you will be liable for the  
17 full \$150.00 filing fee even if your civil action is dismissed. That means the court will  
continue to collect payments until the entire filing fee is paid. However, if you do not  
18 submit this completed application the action will be dismissed without prejudice and the  
filing fee will not be collected.

19 **B. Habeas Actions**

20 The filing fee for a habeas action is \$5.00. If you are granted leave to proceed in forma  
21 pauperis you will not be required to pay any portion of this fee. If you are not granted leave to  
proceed in forma pauperis you must pay the fee in one payment and not in installments. If you use  
22 a habeas form to file a non-habeas civil action, you will be required to pay the \$150.00 filing  
fee applicable to all non-habeas civil actions.

# San Mateo County Jail Facilities Inmate Grievance Form

Routing: Staff Only  
☐ Administration ☐ Other  
☐ Classification  
☐ Medical  
☐ Food Service

Received: Staff Only  
 Date 7/26/07  
 Time 7:15  
 Facility MCC 510.9  
 Deputy 100111A

To: (Watch Commander)

Date

From: (Inmate's Name) MALONE Terry

Id# 1128681

Cell 5EAST 17L

Grievance (Please be specific: time, date, etc.) ON 7-23-07 C/O HUTSON  
refuse To Allow Terry Malone the proscribed  
Treatment a Shower. Deputy Hutson stated use  
the sink in your Cell or the pod sink.

Inmate's Signature:

Note: After you have finished and signed this form, take your GOLD copy for your records.

Staff member's response:

Signature:

Date:

Supervisor's response:

Signature:

Date:

Watch Commander:

Signature:

Date:

White: File

Yellow: Response to Inmate

Pink: Staff

Gold: Inmate's Copy

Exhibit B

**MEMORANDUM**

<b>TO:</b>	<b>FROM:</b> Medical
<b>NAME:</b> (Label) Malone, Terry 112 8681	<b>POD:</b> SE17
	<b>DATE:</b> 7/23/7

( ) Please allow complete linen and clothing change **DAILY** for \_\_\_\_\_ days. Therapy for: \_\_\_\_\_

(X) Please allow Hot water from shower 3x day for 7 days

( ) Please allow extra blanket for \_\_\_\_\_ days.

( ) Please allow \_\_\_\_\_ hour lay-in, due to \_\_\_\_\_

( ) Please obtain from property \_\_\_\_\_

( ) Approved by Deputy: \_\_\_\_\_

( ) Per Request for Doctor/Nurse: \_\_\_\_\_

( ) Denied/Discontinued on \_\_\_\_\_

**Receipt of Inmate's Property Delivery**

This is to document that on \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ Personal Property  
 \_\_\_\_\_, was given to \_\_\_\_\_  
 \_\_\_\_\_ Inmate Name & ID  
 by: \_\_\_\_\_  
 \_\_\_\_\_ Staff Name/Signature

**Receipt of Receiving Personal Property**

This is to document that I have received the \_\_\_\_\_  
 \_\_\_\_\_ Property  
 in satisfactory condition. \_\_\_\_\_  
 \_\_\_\_\_ Inmate Signature and Date